


## APPLICATION DATA SHEET

Electronic Version v14

Stylesheet Version v14.0

<b>Title of Invention</b>	BI-DIRECTIONAL ABSOLUTE AUTOMATED TRACKING SYSTEM FOR MATERIAL HANDLING		
Application Type : regular, utility			
Attorney Docket Number : FIS920040112US1			
Correspondence address:			
Customer Number:		32074	
Inventors Information:			
<u>Inventor 1:</u>			
<b>Applicant Authority Type:</b>	Inventor		
<b>Citizenship:</b>	US		
<b>Given Name:</b>	Philip		
<b>Middle Name:</b>	L.		
<b>Family Name:</b>	Campbell		
<b>Residence:</b>			
<b>City of Residence:</b>	Millbrook		
<b>State of Residence:</b>	NY		
<b>Country of Residence:</b>	US		
<b>Address-1 of Mailing Address:</b>	8 Weatherford Lane		
<b>Address-2 of Mailing Address:</b>			
<b>City of Mailing Address:</b>	Millbrook		
<b>State of Mailing Address:</b>	NY		
<b>Postal Code of Mailing Address:</b>	12545		
<b>Country of Mailing Address:</b>	US		
<b>Phone:</b>			
<b>Fax:</b>			
<b>E-mail:</b>			
<u>Inventor 2:</u>			
<b>Applicant Authority Type:</b>	Inventor		
<b>Citizenship:</b>	US		
<b>Given Name:</b>	Jeffrey		
<b>Middle Name:</b>	P.		

**Family Name:** Gifford  
**Residence:**  
**City of Residence:** Fishkill  
**State of Residence:** NY  
**Country of Residence:** US  
**Address-1 of Mailing Address:** 4 Liberty Way  
**Address-2 of Mailing Address:**  
**City of Mailing Address:** Fishkill  
**State of Mailing Address:** NY  
**Postal Code of Mailing Address:** 12524  
**Country of Mailing Address:** US  
**Phone:**  
**Fax:**  
**E-mail:**

Inventor 3:

**Applicant Authority Type:** Inventor  
**Citizenship:** US  
**Given Name:** Uldis  
**Middle Name:** A.  
**Family Name:** Ziemins  
**Residence:**  
**City of Residence:** Poughkeepsie  
**State of Residence:** NY  
**Country of Residence:** US  
**Address-1 of Mailing Address:** 59 Skyview Drive  
**Address-2 of Mailing Address:**  
**City of Mailing Address:** Poughkeepsie  
**State of Mailing Address:** NY  
**Postal Code of Mailing Address:** 12603  
**Country of Mailing Address:** US  
**Phone:**  
**Fax:**  
**E-mail:**

Assignee 1:

**Organization Name:** International Business Machines Corporation  
**Address-1 of Mailing Address:** New Orchard Road  
**Address-2 of Mailing Address:**  
**City of Mailing Address:** Armonk  
**State of Mailing Address:** NY

**Postal Code of Mailing Address:** 10504

**Country of Mailing Address:** US

**Phone:**

**Fax:**

**E-mail:**